

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ms ANNE K
DUFFY

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2311 Erica Kaitlin Ln
Cedar Park, TX 78613

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 736-4867

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs. Heidi
Houdek

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1872 Nelson Ranch Loop
Cedar Park, TX
78613

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 750-8401

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

5 / 31 / 19

THROUGH

Month

Day

Year

4 / 24 / 19

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 4 / 19

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

City Council
Place 3

13 OFFICE SOUGHT (if known)

City Council
Pl 3

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

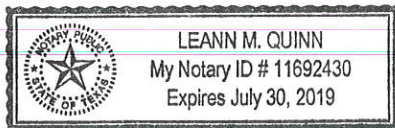
19 FILER NAME <i>Anne Duffy</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2080
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1188.80
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7837.60
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 250
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME <u>Anne Duffy</u>		15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	<u>Cedar Park Professional Firefighters Assoc. PAC</u>
	<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS <u>1705 Shady Brook Ln</u> <u>Cedar Park, TX 78613</u>
		COMMITTEE CAMPAIGN TREASURER NAME <u>Blake Birdwell</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS <u>1705 Shady Brook Ln</u> <u>Cedar Park, TX 78613</u>	
<input type="checkbox"/> Additional Pages		
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4268.80</u>
	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES	\$ <u>8087.60</u>
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>4858.80</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Anne Duffy
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Anne Duffy, this the 26th day of April, 20 19, to certify which, witness my hand and seal of office.

LeAnn M. Quinn

Signature of officer administering oath

LeAnn M. Quinn

Printed name of officer administering oath

City Sec

Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 8

2 FILER NAME
Anne Duffy

3 Filer ID (Ethics Commission Filers)

4 Date
4/5/19

5 Full name of contributor
WWDC

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)
\$200.00

6 Contributor address; City; State; Zip Code
1433 E. Hwy 290 Ste 120
Austin, TX 78723

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
4/15/19

Full name of contributor
WC Realtors

☐ out-of-state PAC (ID#)

Amount of contribution (\$)
\$500.00

Contributor address; City; State; Zip Code
123 E. Old Settlers Blvd.
Round Rock, TX 78664

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/16/19

Full name of contributor
Homebuilder's Assoc. of Austin

☐ out-of-state PAC (ID#)

Amount of contribution (\$)
\$250.00

Contributor address; City; State; Zip Code
8140 Exchange Dr.
Austin, TX 78754

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
4/2/19

Full name of contributor
Matt Borgard

☐ out-of-state PAC (ID#)

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
3817 Campfire Dr.
Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Software Engineer

IBM

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Anne Duffy

3 Filer ID (Ethics Commission Filers)

4 Date

4/3/19

5 Full name of contributor

Stephanie Kendall

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$25.00

6 Contributor address;

1429 Spider Lily Lane
Cedar Park, TX 78613

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Cartographer

9 Employer (See Instructions)

Baylor S&W

Date

4/6/19

Full name of contributor

Sara Groff

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$500.00

Contributor address;

817 Bryant
Cedar Park, TX 78613

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Social Worker

Employer (See Instructions)

Apicon Home Healthcare

Date

4/6/19

Full name of contributor

Coarah Penniman-Morin

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

2810 Cambria Dr.
Cedar Park, TX 78613

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Deputy Dir. for Global Supply Chain

Employer (See Instructions)

Catholic Relief Services

Date

4/8/19

Full name of contributor

Gloria Dhilakia

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

10804 James Ryan Way
Austin, TX 78713

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Exec. Director

Employer (See Instructions)

Hangar Foundation

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Anne Buttry

3 Filer ID (Ethics Commission Filers)

4 Date

4/10/19

5 Full name of contributor

Damian Fisher

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

1402 Koppel
Cedar Park, TX 78613

8 Principal occupation / Job title (See Instructions)

Land Surveyor

9 Employer (See Instructions)

BGE, Inc.

Date

4/12/19

Full name of contributor

Judy Daniels

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

2514 Ben Borant
Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

Date

4/15/19

Full name of contributor

Chris Cavalli

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$75.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

ACL

Date

4/15/19

Full name of contributor

Kelly Gin

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$15.00

Contributor address;

City; State; Zip Code

2511 Kinclaven Ct
Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

Psychologist

Employer (See Instructions)

LISD

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Anne Duffy

3 Filer ID (Ethics Commission Filers)

4 Date

4/15/19

5 Full name of contributor

Ariana Delbar

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

200⁰⁰

6 Contributor address;

103 CR 180, Unit 22
Leander, TX 78641

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Exec. Asst.

9 Employer (See Instructions)

Nyte Maxwell

Date

4/15/19

Full name of contributor

Melissa Crings

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$500⁰⁰

Contributor address;

2519 Fanteigh Ln

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Recruiter

Employer (See Instructions)

Self

Date

4/15/19

Full name of contributor

Brooke Jacobs

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$500⁰⁰

Contributor address;

2712 Mungus
Cedar Park, TX 78613

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Content Analyst

Employer (See Instructions)

Bazaarvoice

Date

4/15/19

Full name of contributor

Cheron Wegalter

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$250⁰⁰

Contributor address;

4301 Leona Ridge Dr.
Cedar Park, TX 78613

City; State; Zip Code

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

4/15/19

Henry Mayes

6 Contributor address; City; State; Zip Code

PO Box 200339
Austin, TX 78720

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Self

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4/16/19

Patrick Waltz

Contributor address; City; State; Zip Code

3815 Lampfire
Cedar Park, TX 78613

\$25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Engineer

AECOM

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4/17/19

David Sraup

Contributor address; City; State; Zip Code

402 Norwood Dr. W
Georgetown TX 78628

\$25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Project Manager

Tenacos

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4/1/19

Hiten Patel

Contributor address; City; State; Zip Code

2119 Howell Mountain Dr
Cedar Park, TX 78613

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Financial Consultant

Balefire Consulting

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Anne Duffy

3 Filer ID (Ethics Commission Filers)

4 Date

4/20/19

5 Full name of contributor

Chris Mauer

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$25.00

6 Contributor address;

1502 Birdsong Ln
Cedar Park, TX 78613

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

USD

Date

4/20/19

Full name of contributor

Carol Meissner

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$25.00

Contributor address;

1509 Reagan Wells Dr,
Hutto, TX 78634

City; State; Zip Code

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

Date

4/20/19

Full name of contributor

Kent Miller

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$25.00

Contributor address;

13204 Tamarco
Austin, TX 78729

City; State; Zip Code

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

Date

4/21/19

Full name of contributor

Haley Siddons

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$50.00

Contributor address;

3008 Walsh Allen Dr
Cedar Park, TX 78613

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

AT&T

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

4/21/19

Heidi Houdek

\$100

6 Contributor address; City; State; Zip Code

1872 Nelson Ranch Loop
Cedar Park, TX 78613

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Accountant

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

4/22/19

KT Meusselman

\$500

Contributor address; City; State; Zip Code

13355 US Hwy 183N, Apt 1133
Austin, TX 78700

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

JP

Wm City

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

4/24/19

Michelle Thompson

\$30

Contributor address; City; State; Zip Code

2809 Welton Cliff Dr
Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Web Designer

Platinum Vue

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

4/24/19

Mollie Francis

also
\$10

Contributor address; City; State; Zip Code

3115 Paseo de Charros
Cedar Park, TX 78613

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Anne Duffy

3 Filer ID (Ethics Commission Filers)

4 Date

4/24/19

5 Full name of contributor

Mike Clark

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500

6 Contributor address;

City; State; Zip Code

501 Ridge View Dr
Georgetown, TX 78628

8 Principal occupation / Job title (See Instructions)

Consulting

9 Employer (See Instructions)

Self

Date

4/20/19

Full name of contributor

Eileen Poonds

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

Lubbock, TX 79424

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 2

2 FILER NAME

Anne Duffy

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

4/19/19

6 Full name of contributor

☐ out-of-state PAC (ID#:

Georganne Burton

7 Contributor address: City: State: Zip Code

2713 Tall Cedars Dr
Cedar Park, TX 78613

8 Amount of Contribution \$

\$19.34

9 In-kind contribution description

party supplies

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

4/19

Full name of contributor

☐ out-of-state PAC (ID#:

Ken Thompson

Contributor address: City: State: Zip Code

2809 Welford Cliff Dr
Cedar Park, TX 78613

Amount of Contribution \$

\$75.00

In-kind contribution description

food/party supplies

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Web Designer

Employer (FOR NON-JUDICIAL) (See Instructions)

Platinum Vue Studios

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 2

2 FILER NAME
Anne Duffy

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
4/15/19

6 Full name of contributor ☐ out-of-state PAC (ID#:
CPPFFA PAC Filer ID 000688625

8 Amount of Contribution \$
273.10

9 In-kind contribution description
Sign/adv. Expense

7 Contributor address; City; State; Zip Code
1705 Shadybrook Ln. Cedar Park, TX 78613

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date
4/22/19

Full name of contributor ☐ out-of-state PAC (ID#:
CPPFFA PAC Filer ID 000688625

Amount of Contribution \$
721.36

In-kind contribution description
Postcard Mailer

Contributor address; City; State; Zip Code
1705 Shadybrook Ln. Cedar Park, TX 78613

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Anne Duffy	3 Filer ID (Ethics Commission Filers)
4 Date 4/4/19	5 Payee name Lippity Print	
6 Amount (\$) \$2838.54	7 Payee address; City; State; Zip Code 1600 E. 26th St. Cleveland, OH 44114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Anne Duffy	Office sought City Council, P13	Office held
---	--	---	-------------

Date 4/16/19	Payee name Community Impact	
Amount (\$) \$700.00	Payee address; City; State; Zip Code 31008 Palm Valley Blvd. Box #3 Round Rock, TX 78665	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Anne Duffy	Office sought City Council, P13	Office held
---	--	---	-------------

Date 4/10/19	Payee name Hill Country News	
Amount (\$) \$219.00	Payee address; City; State; Zip Code PO Box 17777 Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Anne Duffy	Office sought City Council, P13	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME Anne Duffy		3 Filer ID (Ethics Commission Filers)	
4 Date 4/3/19		5 Payee name Richard Boleson			
6 Amount (\$) \$180.00		7 Payee address; City; State; Zip Code 1800 Iris Ln Cedar Park, TX 78613			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense Design Work		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Anne Duffy		Office sought City Council, P13	
Date 4/1/19		Payee name PIVOT COMMUNICATIONS			
Amount (\$) \$356.14		Payee address; City; State; Zip Code 1320 Arrow Point Dr. Covington, TN 38019 Cedar Park, TX 78613			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense - Campaign shirts		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Anne Duffy		Office sought City Council, P13	
Date 4/15/19		Payee name Kevin Lam			
Amount (\$) \$418.13		Payee address; City; State; Zip Code 8223 Amagosa Cove Austin, TX 78729			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/ Contract Labor		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Anne Duffy		Office sought City Council, P13	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME Anne Duffy		3 Filer ID (Ethics Commission Filers)	
4 Date 4/17/19		5 Payee name Mad Greens			
6 Amount (\$) \$12⁸³		7 Payee address; City; State; Zip Code 13000 Ranch Road 620 N, Suite 102 Cedar Park, TX 78613			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Anne Duffy		Office sought City Council, P13	
Date 4/17/19		Payee name A1 Signs			
Amount (\$) \$101⁸¹		Payee address; City; State; Zip Code 109 N Bell Blvd Cedar Park, TX 78613			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising/Sign Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Anne Duffy		Office sought City Council, P13	
Date 4/8/19		Payee name InFocus Campaigns, LLC			
Amount (\$) \$1402⁹⁸		Payee address; City; State; Zip Code PO Box 10724 Fort Worth, TX 76114			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Polling Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Anne Duffy		Office sought City Council, P13	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Anne Duffy	3 Filer ID (Ethics Commission Filers)
4 Date 4/15/19	5 Payee name Heather Jeffs	
6 Amount (\$) \$716.00	7 Payee address; City; State; Zip Code 1202 Willowbrook Dr. Cedar Park, TX 78613	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement for printing costs	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Anne Duffy	Office sought City Council, P13
Date 4/15/19	Payee name Heather Jeffs	
Amount (\$) \$770.22	Payee address; City; State; Zip Code 1202 Willowbrook Dr. Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement for printing costs	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Anne Duffy	Office sought City Council, P13
Date 4/17/19	Payee name Mad Greens	
Amount (\$) \$2815	Payee address; City; State; Zip Code 15050 Ranch Road 420 N, Suite 102 Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Anne Duffy	Office sought City Council P13

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 4/24/19	5 Payee name Donatella	
6 Amount (\$) \$280	7 Payee address; City; State; Zip Code PO BOX 301267 Austin, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date	Payee name PayPal	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adver	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME Anne Duffy	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 4/24/19	6 Payee name Facebook	
7 Amount (\$) \$2500.00	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name: Anne Duffy Office sought: Office held: City Council, D13		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name: Office sought: Office held:		

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